MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 101056874

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51						
2								52						
3								53						
4								54						
5								55						
6								56						
7								57						
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42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.		3						TOTAL IND.	4					
TOTAL DEP.		19						TOTAL DEP.						
TOTAL CLAIMS		21						TOTAL CLAIMS	22					

PTO-1360 (3-78) •MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS